

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	
District of _____		ORIGINAL CERTIFICATE OF BIRTH	
Town of _____		State Index No. <u>87</u>	
or _____		Co. Registrar No. <u>392</u>	
City of <u>Globe</u>		Local Registrar No. _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>George Edward Sparks</u>			
If child is not yet named, make supplemental report, as directed			
3. Sex of child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	5. No., in order of birth.
6. Legitimate? <u>yes</u>	7. Date of birth <u>12-2-22</u> (Month, day, year)		
8. Full name of FATHER <u>William Oscar Sparks</u>		14. Full maiden name of MOTHER <u>Mary Catherine Taylor</u>	
9. Residence (Usual place of abode) <u>Globe, Ariz.</u>		15. Residence (Usual place of abode) <u>Globe, Ariz.</u>	
10. Color or race <u>white</u>		16. Color or race <u>white</u>	
11. Age at last birthday <u>31</u> (Years)		17. Age at last birthday <u>30</u> (Years)	
12. Birthplace (city or place) <u>Illinois</u>		18. Birthplace (city or place) <u>Mississippi</u>	
13. Occupation <u>Miner</u>		19. Occupation <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)			
(a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>4</u> (c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>5:30 P.M.</u> on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>C. W. Adams</u>	
		(Physician or midwife)	
Given name added from a supplemental report _____ (Month, day, year)		Address <u>Globe, Ariz.</u>	
		Filed <u>12-6</u> , 1922 <u>B. G. Jay</u> Local Registrar.	
Registrar. _____		Filed <u>1-5</u> , 1923 <u>B. G. Jay</u> County Registrar.	
		722-1202-439	

the number of each in order of birth, stated.